

# EXHIBIT 6

L.W. et al.,  
by and through her parents and next friends,  
Samantha Williams and Brian Williams,

V.

Defendants.

Case 3:23-cv-00376 Document 113-6 Filed 05/19/23 Page 2 of 27 PageID #: 1516

## **Background And Qualifications**

1. I am a Swedish child and adolescent clinical psychiatrist and have been practicing medicine since 2000, with my focus on child and adolescent psychiatry since 2004. As discussed more completely below, I have personally witnessed the rise of a new class of gender dysphoria patients in Sweden, which now dominate the population of these patients in Sweden. I was educated in medicine at Karolinska Institutet (which would be translated to English as Karolinska Institute), which is the most well-known and prestigious international medical training institute in Sweden. Karolinska children's hospital, called Astrid Lindgren's Children's Hospital, has also played a significant role in the ongoing conversation about treatment of minors with gender dysphoria, as it has handled significant numbers of child and adult patients with this condition. I have been treating patients with a variety of psychiatric disorders, both in an in-patient and out-patient setting, since 2004. I meet with and treat patients suffering from virtually the entire range of disorders identified in the DSM-5. I have participated in approximately 600 to 700 neuropsychiatric investigations and evaluations.

2. In the course of my work, I have met with approximately 30 children who have been identified or self-identified as suffering from gender dysphoria. In some cases, I have met with these children after active medical intervention has begun (puberty blockers and cross-sex hormones). Surgical intervention in minor children in Sweden is extremely rare and there are very few such cases and therefore I have not encountered one. Other patients with gender dysphoria I have met with have presented to me prior to medical intervention. For the reasons I give below, I have not referred patients to gender clinics for medical intervention because (1) I have consistently believed that there was a lack of evidence to support such medical interventions and (2) because in my experience all such patients I have met with have other

psychiatric conditions in addition to their professed gender dysphoria. Treatment of these other conditions has been shown to also resolve gender dysphoria in many such cases. Through my involvement with GENID, discussed below, I have learned that parents report that children frequently desist from their gender dysphoria when they receive psychotherapy or other interventions to address psychiatric comorbidities. Teenagers routinely experience mild body dysmorphia (unhappiness with their physical appearance) and sometimes psychotherapy and the maturation process are all a child needs to resolve what the child may call gender dysphoria.

3. I have written on a variety of medical subjects for major Swedish newspapers and have published articles in the medical press in Sweden. On the subject of gender dysphoria, several of the articles have been translated into English and have been widely disseminated internationally. I have also written or co-authored two articles on this subject in the foreign medical journals *The American Journal of Psychiatry* and *Dagens Medicin* in Norway. My list of publications is attached to my CV, which is Exhibit A to this declaration.

4. I have spoken about childhood gender dysphoria in several recognized Swedish podcasts, on Finnish public service radio, in the French daily newspaper *Le Figaro*, and on 21 May a documentary will be broadcast on French TV channel M6, including footage of my lecture in the Swedish Parliament on 16 September 2021. Since 2019, I have held five lectures and one hearing to members of the Swedish Parliament by invitation, including two lectures in 2019 and 2021 on the subject of gender dysphoria in children.

5. My opinions in this declaration are based on my clinical experience, as well as my review of the literature both in Sweden and the rest of the world, though I will focus on the Swedish experience and the resulting systematic review of the Swedish National Health Service. The systematic review published just last month by Dr. Michael Landén and his colleagues

conclusively establishes that there is insufficient evidence to support hormonal interventions in gender dysphoric youth. I am being compensated at my customary consulting rate of 160 euros / hour. My compensation does not depend on the content of my testimony.

### **The Rise Of Gender Dysphoria In Sweden**

6. In Sweden, the Gender Identity Challenge (GENID) association was formed in 2018 by parents of trans children and also trans young adults. The parents and former patients in the association were distressed that children had received irreversible pharmacological and surgical treatment and were unsure whether the benefits outweighed the risks. They approached journalists, authorities and doctors and wrote opinion pieces. It was their hard work that paved the way for a public debate on the subject to start in spring 2019.

7. It was an opinion piece and a TV program that started that public conversation. The article was published on March 13, 2019 in Sweden's second largest morning newspaper, Svenska Dagbladet.<sup>1</sup> It was signed by seven people, including the internationally renowned professor of child and adolescent psychiatry, Christopher Gillberg, and four other professors. Dr. Gillberg is perhaps the most famous Swedish child psychiatrist living today and his opinion carried very much weight with the national health authorities. Dr. Gillberg gave testimony to the UK high court in its judicial inquiry into the Tavistock gender clinic which was heavily relied upon by that body to conclude that hormonal interventions are not appropriate for children.

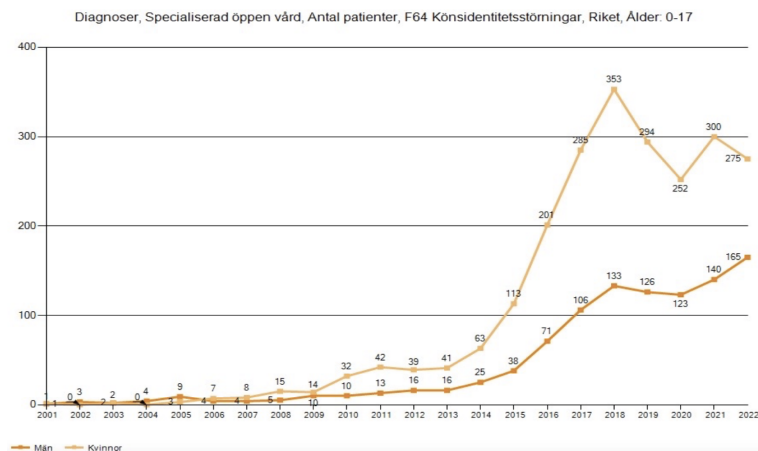
8. The TV program I mentioned was broadcast on 3 April 2019 in the investigative, and in Sweden very well-known, program Uppdrag Granskning (Mission Review) and was called "The trans train and teenage girls."

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<sup>1</sup> Gillberg, Christopher, et al. (March 13, 2019), The gender change in children is a great experiment. Swedish daily newspaper. <https://www.svd.se/konsbytena-pa-barn-ar-ett-stort-experiment>

9. For my part, I began my participation in the debate when I was quoted in August 2019 in an editorial in Sweden's largest daily newspaper Dagens Nyheter and within just over a month published two debate articles, one in Dagens Nyheter and one in the medical journal Dagens Medicin.<sup>2,3</sup>

10. The development of gender dysphoria diagnoses in Sweden is astonishing and is what gave rise, in part, to concerns raised by GENID and others. Gender dysphoria was extremely uncommon in the early 2000s. In 2001, a total of 2 children (age group 0-17 years) were diagnosed with gender dysphoria, in 2021 the number was 440, a 220-fold increase.<sup>4</sup> A total of 12 people under 25 were diagnosed with gender dysphoria in 2001, by 2021 the figure was 1,865. It is my understanding that Sweden has the highest rate of gender dysphoria in children (patients per 100,000 population) in the entire world. More recent data from our government shows the trend potentially leveling out for girls after GENID, Dr. Gillberg, and others began raising concerns, though the COVID pandemic and its restrictions may have caused an increase among boys.



<sup>2</sup> <https://www.dn.se/asikt/konsdysfori-sprids-som-en-epidemi-pa-natet/>

<sup>3</sup> <https://www.dagensmedicin.se/opinion/debatt/stoppa-omedelbart-all-behandling-av-konsdysfori-for-barn-och-unga-vuxna/>

<sup>4</sup> [https://sdb.socialstyrelsen.se/if\\_paro/val.aspx](https://sdb.socialstyrelsen.se/if_paro/val.aspx) Swedish National Board of Health and Welfare

11. The increase in the diagnosis of childhood gender dysphoria was moderate until 2007, the year the iPhone was introduced (I touch later in this expert opinion on why gender dysphoria, like many psychiatric diagnoses, is often socially contagious), and then the increase accelerated to become very high from 2014 onwards, when social media had become ubiquitous among adolescents.

12. The differences between boys and girls seen above is not unexpected in my experience as a psychiatrist. What is surprising is the significant increase in the number of diagnoses in both sexes.

13. Sweden has long been very accepting with regard to sexual and gender diversity. In 2018, a law was proposed to lower the age of eligibility for surgical care from age 18 to 15, remove the requirement for parental consent, and lower the legal age for change of gender to age 12. A series of cases of regret and suicide following medical transition were reported in the media. For example, Richard Orange, *Teenage transgender row splits Sweden as dysphoria diagnoses soar by 1,500%*, The Observer 22 Feb 2020, reported on the suicide of a 32-year old trans woman.

14. Due to the accumulating data on remorse and suicide, the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) conducted a systematic inventory of the research. On December 20, 2019, the SBU published the systematic scoping review “Gender dysphoria in children and adolescents: an inventory of the literature.”<sup>5</sup> The survey showed that the scientific support for medical treatment of gender dysphoria in children was non-existent or extremely weak. I quote the conclusions below.

- We have not found any scientific studies which explains the increase in incidence in children and adolescents who seek the health care because of gender dysphoria.

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<sup>5</sup> <https://www.sbu.se/en/publications/sbu-bereder/gender-dysphoria-in-children-and-adolescents-an-inventory-of-the-literature/>

- We have not found any studies on changes in prevalence of gender dysphoria over calendar time, nor any studies on factors that can affect the societal acceptance of seeking for gender dysphoria.
- There are few studies on gender affirming surgery in general in children and adolescents and only single studies on gender affirming genital surgery.
- Studies on long-term effects of gender affirming treatment in children and adolescents are few, especially for the groups that have appeared during the recent decade.
- The scientific activity in the field seems high. A large part of the identified studies are published during 2018 and 2019.
- Almost all identified studies are observational, some with controls and some with evaluation before and after gender affirming treatment. No relevant randomised controlled trials in children and adolescents were found.
- We have not found any composed national information from Sweden on:
  - the proportion of those who seek health care for gender dysphoria that get a formal diagnosis
  - the proportion starting endocrine treatment to delay puberty
  - the proportion starting gender affirming hormonal treatment
  - the proportion subjected to different gender affirming surgery

15. From June 2020 to March 2021, four events in Finland, the Netherlands and the UK also influenced attitudes towards the treatment of gender dysphoria in Sweden.

16. In June 2020, the Finnish Ministry of Health, under the leadership of the Nordic region's leading pediatric gender dysphoria researcher, Rittakertu Kaltiala, issued new guidelines: psychological treatment should be the first line of treatment for everyone with gender dysphoria, both children and adults.<sup>6</sup>

17. Annelou de Vries, who is behind the protocol used by all guidelines, “The Dutch protocol,” writes in the September 2020 issue of the American College of Pediatricians' journal *Pediatrics*: the protocol is incorrectly applied to the ROGD group, they should be treated primarily with psychiatric care. “ROGD” is an acronym for Rapid Onset Gender Dysphoria, the

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<sup>6</sup> Kaltiala-Heino, R., Sumia, M., Työläjärv, M. et al. Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development. *Child Adolesc Psychiatry Ment Health* 9, 9 (2015). <https://doi.org/10.1186/s13034-015-0042-y>



new group of children with gender dysphoria characterized by onset in adolescence, the majority are born female and often have one or more psychiatric syndromes.<sup>7</sup>

18. On December 1, 2020, 23-year-old Keira Bell - a detransitioner who was given puberty blockers at age 16, treated with testosterone at 17, and underwent a mastectomy by surgeons when she was 20 - won a Supreme Court case against the Tavistock Clinic in London. As a result, no children under 16 would receive gender reassignment treatment at that clinic without judicial approval.<sup>8</sup> Tavistock's gender clinic has subsequently been closed as a result of an interim review by Dr. Hilary Cass.

19. The English National Health Service, NHS, published on March 11, 2021 an Evidence review: *Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria*. It concludes that there is a lack of evidence for the medical treatment of minors.<sup>9</sup>

20. A major shift towards a more restrictive approach to the treatment of children with gender dysphoria took place in March 2021, when Karolinska University Hospital, inspired by the international events of the last 10 months, issued a new policy statement.<sup>10</sup> The hospital runs the leading pediatric gender clinic in all of Sweden, Astrid Lindgren's Children's Hospital. The new policy stated that the Swedish evidence review "showed a lack of evidence for both the long-term consequences of the treatments, and the reasons for the large influx of patients

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<sup>7</sup> de Vries ALC. Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents. *Pediatrics*. 2020 Oct;146(4):e2020010611. doi: 10.1542/peds.2020-010611. Epub 2020 Sep 21. <https://pubmed.ncbi.nlm.nih.gov/32958612/>

<sup>8</sup> Carl-Michael Edenborg, "Ångrade könstransition - stämde kliniken" (Regretted gender transition - sued the clinic). *Svenska Dagbladet*, May 28, 2021. <https://www.svd.se/fallet-bell-angrade-konstransition--stamde-kliniken>

<sup>9</sup> National Institute for Health and Care Excellence (NICE). Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria. NICE Publishers;NHS England; NHS Improvement. 11 March, 2021. [https://cass.independent-review.uk/wp-content/uploads/2022/09/20220726\\_Evidence-review\\_GnRH-analogues\\_For-upload\\_Final.pdf](https://cass.independent-review.uk/wp-content/uploads/2022/09/20220726_Evidence-review_GnRH-analogues_For-upload_Final.pdf)

<sup>10</sup> [https://segm.org/sites/default/files/Karolinska%20\\_Policy\\_Statement\\_English.pdf](https://segm.org/sites/default/files/Karolinska%20_Policy_Statement_English.pdf)

in recent years.” The Astrid Lindgren’s Children's Hospital further stated that “These treatments are potentially fraught with extensive and irreversible adverse consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, and thrombosis.” In a dramatic reversal of its policy, the Children’s Hospital announced that “In light of the above, and based on the precautionary principle, which should always be applied, it has been decided that hormonal treatments (i.e., puberty blocking and cross-sex hormones) will not be initiated in gender dysphoric patients under the age of 16.” Further, the clinic announced that patients ages 16–18 would receive such treatments only within research settings (clinical trials monitored by the appropriate Swedish research ethics board). The Karolinska Hospitals new policy became effective April 1, 2021.

21. An article from August 31, 2021 in the medical journal *Läkartidningen* shows that 5 of the 6 gender dysphoria clinics in Sweden are following the new policy of Astrid Lindgren's Children's Hospital, Umeå in northern Sweden is the single clinic that continues with prior practice.<sup>11</sup>

22. On November 24, 2021, the investigative TV program *Uppdrag Granskning* broadcast the third episode in 2.5 years about young transgender people.<sup>12</sup> The report shows that about 440 children have received puberty blockers over the past 5 years and that in Stockholm there have been reports of 13 children who have had severe side effects, one of whom has a skeleton like an 80-90 year old. The underreporting of side effects is potentially high.

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<sup>11</sup> Katrin Trysell, "De flesta har skärpt rutiner för ny hormonbehandling hos minderåriga" (Most have tightened procedures for new hormone therapy for minors). *Läkartidningen*, August 31, 2021. <https://lakartidningen.se/aktuellt/nyheter/2021/08/de-flesta-har-skarpt-rutiner-for-ny-hormonbehandling-hos-minderariga/>

<sup>12</sup> <https://www.svtplay.se/video/33313874/uppdrag-granskning/uppdrag-granskning-transbarnen?info=visa>

23. On February 8, 2022, the newspaper Svenska Dagbladet published Professor Mikael Landén's article "Withdraw the proposal on gender identity".<sup>13</sup> Dr. Landén is considered one of the leading psychiatrists on the issue of gender dysphoria and has been treating patients in this area since at least the early 2000s. The Swedish government has proposed a new law that from 2024 makes it possible to choose your own gender without testing your gender identity. For children from the age of 12, it is proposed that parents make the application. Landén's objections: It is impossible to determine this for oneself or as a parent of one's child; the state must keep track of the real gender; a simple search of employers, authorities and private individuals reveals those individuals who at some point in their lives have had a gender identity crisis, which is intrusive; the proposal risks causing irreparable damage to children.

24. A quote from Mikael Landén's article: "I think the government has confused the individual's right to personal identity with the right to control the behavior and thoughts of others. That we have the right to live and express ourselves as we wish does not mean that we have the right to control how others categorize us. If I - as a man - were to exercise my right to change my legal gender to female, the legal gender will be wrong. With the government's proposal, I can still force those around me to incorrectly categorize me as a woman when I apply for a job, end up in prison, compete in wrestling or choose a locker room at Friskis & Svettis (a fitness center). Regulating the behavior and expression of others in this way is an infringement of human rights, not an enhancement of them."

25. Another quote from the article by Mikael Landén, the conclusion on the right of children to change their gender identity: "The issues become even more problematic when it comes to children. Exploring different identities as a teenager is a natural developmental step towards

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<sup>13</sup> <https://www.svd.se/dra-tillbaka-forslaget-om-konstillhorighet>

adulthood. Identity formation options vary with the zeitgeist. While young people in the eighties wondered whether they were a synthesizer or a punk, young people today are asked to consider whether they are male or female. Even though this is not a real choice - gender is natural - some young people will still experiment with gender expression and explore what applies to them, what is known as an identity crisis. Personal identity is formed in several stages and reassessed over time. The search for identity is not a single irreversible event. We don't see many 55-year-old punks on the streets, even though their identification was very strong when they were young.” Finally, the last paragraph of Mikael Landén's article: “Changing legal gender during what may be a temporary identity crisis risks putting people on an irreversible path towards medical treatments that can lead to sterility and bodily harm.”

### **The Majority Of Gender Dysphoria Patients Today**

26. Our experiences of gender dysphoria in Sweden are similar to those of the rest of the Western world. The new group with gender dysphoria, which began to seriously increase in numbers in 2014, differs significantly from the group of people with gender dysphoria on which the DSM-5 diagnostic manual is based. DSM-5 was published in 2013 and the preceding work took place the year before that.<sup>14</sup> The criteria are based on mainly men, onset in early childhood or early adulthood and a gender dysphoria based on social roles or behaviour. In the new group, a clear majority are of the female sex, gender dysphoria set on at puberty and is based on gender identity. Since the new group differs so much from the group on which DSM-5 is based, many in the Swedish medical community now strongly question the reliability of the diagnosis.

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<sup>14</sup> American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders. Fifth edition. Arlington, VA. American Psychiatric Publishing.

27. In psychiatry, it is very common for syndromes to be socially transmitted, especially among teenage and young adult females. Those who have similar problems are in contact or socialize and in these subcultures there can be a kind of competition to go the furthest. One example is anorexia, and experience has shown that it is often directly counterproductive to admit these patients to inpatient care, because then these girls and young women are inspired by the other anorexia patients, and a very destructive desire to extremes. Another example of social contagion is self-harm. It emerged as an epidemic in the early 1990s and has since escalated. Even for this group of patients, inpatient care is often counterproductive. It is not uncommon for patients with self-harm to post pictures and videos of self-harm on social media and, while in hospital, to contact like-minded people and ask when they will be admitted to the clinic.

28. My view is that gender dysphoria in children and young adults is largely explained as a social contagion. A slight increase in prevalence started in 2007, when the first smartphone was launched. However, it took a few years before the majority of teenagers had a smartphone, and this coincides quite well with the sharp increase in the diagnosis of gender dysphoria in young people. American journalist Abigail Schrier's book *Irreversible Damage: The Transgender Craze Seducing Our Daughters* (2020) provides a vivid and detailed account of the social contagion of gender dysphoria.<sup>15</sup> In the 1990s and even in the 2000s, teenage girls had greater social contact in the non-virtual world, but since the 2010s, many only have social contact via social media on smartphones/computers.

29. The fact that gender dysphoria is socially contagious is also illustrated by the fact that the gender dysphoria diagnosis among children in Sweden decreased in 2019 and 2020, when the public debate was initiated. But when Sweden from spring 2020 to 2021 had restrictions due to

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<sup>15</sup> Schrier, A. *Irreversible Damage: The Transgender Craze Seducing Our Daughters*. (2020). Regnery Publishing.

the COVID-19 pandemic, including distance learning in upper secondary schools and universities and less incidence of organized sport, many teenagers and young adults became socially isolated and then the trend reversed and the number of gender dysphoria diagnoses for children increasing again.

30. The high comorbidity must also be considered. There is a possibility that the majority of patients in the new group have autism or autism-like conditions. In their teens, people with autism have even more concerns about their body and identity than other adolescents. Other comorbidity in gender dysphoria is self-harming behavior, eating disorder, mental trauma, depression and emotional instability. All of the above conditions are subject to evidence-based treatment. Gender dysphoria completely lacks evidence-based treatment for children, and probably also for adults 18 to 25 years. The Table below, from the Socialstyrelsen report in 2020 shows the high rates of comorbidity in girls ages 13-17.

**Table 1. Prevalence of various psychiatric diagnoses (primary diagnosis in the open and inpatient care) among persons diagnosed with gender dysphoria (F64) and the population in 2016–2018, by age and registered sex.**

Women (%)		Age (years)				
		13-17	18-24	25-29	30-44	45-64
With Gender Dysphoria	F1 Harmful use / dependence	1.5	4.4	4.3	2.6	2.9
	F2 schizophrenia etc.	0.4	1.0	1.4	1.1	4.3
	F30-31 Bipolar Disease	0.4	2.6	5.2	5.6	2.9
	F32-39 Depression	28.9	25.0	13.4	12.7	11.9
	F4 Anxiety disorders	32.4	28.5	23.3	19.8	13.3
	F60-61 Personality Syndrome	0.0	4.0	6.7	4.4	2.9
	F84 Autism	15.2	14.7	11.1	8.7	4.3
	F9 ADHD etc.	19.4	18.4	14.6	12.8	5.7
General Population	X60-84, Y10-34 Self-harm	7.8	6.6	4.4	2.0	1.9
	F1 Harmful use / dependence	0.7	1.8	1.2	0.9	0.9
	F2 schizophrenia etc.	0.0	0.2	0.3	0.4	0.7
	F30-31 Bipolar Disease	0.1	0.6	0.9	0.9	0.7
	F32-39 Depression	2.8	3.7	2.7	2.3	1.8
	F4 Anxiety disorders	4.2	6.4	4.9	4.4	3.2
	F60-61 Personality Syndrome	0.0	0.7	0.9	0.6	0.3
	F84 Autism	1.3	1.2	0.7	0.4	0.1
	F9 ADHD etc.	4.4	4.0	2.4	1.5	0.7
	X60-84, Y10-34 Self-harm	0.9	1.2	0.8	0.5	0.4

31. Similar patterns are seen in boys.

Men (%)		Age (years)				
		13-17	18-24	25-29	30-44	45-64
With Gender Dysphoria	F1 Harmful use / dependence	4.4	6.3	6.0	4.1	6.2
	F2 schizophrenia etc.	0.7	1.3	1.6	2.4	4.1
	F30-31 Bipolar Disease	0.0	1.3	2.7	2.8	2.8
	F32-39 Depression	13.8	18.2	19.2	14.9	10.0
	F4 Anxiety disorders	21.0	20.9	21.3	17.1	15.1
	F60-61 Personality Syndrome	1.5	3.6	3.5	3.7	3.9
	F84 Autism	12.3	16.3	12.7	9.4	4.4
	F9 ADHD etc.	13.0	13.5	10.2	8.8	6.2
	X60-84, Y10-34 Self-harm	4.4	4.6	2.3	2.3	1.3
General population	F1 Harmful use / dependence	0.8	2.3	2.1	1.8	1.8
	F2 schizophrenia etc.	0.1	0.4	0.6	0.7	0.8
	F30-31 Bipolar Disease	0.0	0.2	0.4	0.5	0.5
	F32-39 Depression	1.1	2.0	1.9	1.5	1.2
	F4 Anxiety disorders	1.7	3.0	2.9	2.5	1.8
	F60-61 Personality Syndrome	0.0	0.1	0.2	0.2	0.1
	F84 Autism	2.4	1.6	0.9	0.5	0.2
	F9 ADHD etc.	7.7	4.1	2.4	1.6	0.7
	X60-84, Y10-34 Self-harm	0.5	0.9	0.8	0.5	0.4

32. The DSM-5 diagnostic manual states that if a patient has multiple psychiatric conditions, the main problem must be defined. In the case of gender dysphoria, an alternative condition is often the main problem. When adequately treating the main problem, other conditions often disappear, which can thus be regarded as secondary to the main problem.

33. It is my experience and the opinion of many psychiatrists in Sweden that psychosocial treatment of gender dysphoria for children and young adults should always be tried first. As discussed below, after concerns began to be raised in 2018, the Swedish national health service and government initiated a comprehensive review that has resulted in essentially a ban on puberty blockers, cross-sex hormones, and surgeries in children. I say “essentially” a ban because there is the possibility of truly exceptional cases and for research. One example would

be someone who has already begun on these therapies and needed to be given some time to continue until it was appropriate to stop.

34. The Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) published a pre-print on February 22, 2022, *Hormone treatment of children and adolescents with gender dysphoria, a systematic review and evaluation of medical aspects*. It was published as an accepted and reviewed article in *Acta Pædiatrica* on April 17, 2023, I received the conclusions of the study below.<sup>16</sup>

### **National Health Response To Concerns About Quality Of Evidence**

35. Sweden's national health care policy regarding trans issues has developed quite similarly to that of the UK. Twenty years ago, Swedish health care policy permitted otherwise eligible minors to receive puberty-blockers beginning at age 14 and cross-sex hormones at age 16. At that time, only small numbers of minors sought medical transition services. An explosion of referrals ensued in 2013–2014. As reported above, Sweden's Board of Health and Welfare ("Socialstyrelsen") reported that, in 2018, the number of diagnoses of gender dysphoria was 15 times higher than 2008 among girls ages 13–17. (Swedish Socialstyrelsen Support 2022 at 15.)

36. On December 16, 2022, The National Board of Health and Welfare published the updated national guidelines Care of children and adolescents with gender dysphoria.

37. They concluded: "Caution in the use of hormonal and surgical treatment. At group level (i.e. for the group of adolescents with gender dysphoria, as a whole), the National Board of Health and Welfare currently assesses that the risks of puberty blockers and gender-affirming treatment are likely to outweigh the expected benefits of these treatments."<sup>17</sup> Like others, the

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<sup>16</sup> <https://onlinelibrary.wiley.com/doi/10.1111/apa.16791>

<sup>17</sup> <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/kunskapsstod/2023-1-8330.pdf>



National Board of Health and Welfare says now that hormonal and surgical treatment in minors can only occur in exceptional cases.

38. SBU did its work, Karolinska made its decision, and the government changed its recommendations. Recently, as mentioned, that work was the subject of peer review and published in a premier academic journal. Dr. Michael Landén is the last (most important) author. This comprehensive and now peer-reviewed article accurately addresses the state of scientific research and shows conclusively that there is no demonstrated (as of yet) benefit to these therapies. This study is so important that I quote the entire abstract in the following paragraphs.

**Aim.** The aim of this systematic review was to assess the effects on psychosocial and mental health, cognition, body composition, and metabolic markers of hormone treatment in children with gender dysphoria.

**Methods.** Systematic review essentially follows PRISMA. We searched PubMed, EMBASE and thirteen other databases until 9 November 2021 for English-language studies of hormone therapy in children with gender dysphoria. Of 9934 potential studies identified with abstracts reviewed, 195 were assessed in full text, and 24 were relevant.

**Results.** In 21 studies, adolescents were given gonadotropin-releasing hormone analogues (GnRHa) treatment. In three studies, cross-sex hormone treatment (CSHT) was given without previous GnRHa treatment. No randomized controlled trials were identified. The few longitudinal observational studies were hampered by small numbers and high attrition rates. Hence, the long-term effects of hormone therapy on psychosocial health could not be evaluated. Concerning bone health, GnRHa treatment delays bone maturation and bone mineral density gain, which, however, was found to partially recover during CSHT when studied at age 22 years.

**Conclusion.** Evidence to assess the effects of hormone treatment on the above fields in children with gender dysphoria is insufficient. To improve future research, we present the GENDHOR checklist, a checklist for studies in gender dysphoria.

39. Adolescence is the most transformative time in a person's life. We now know that the brain undergoes a major change. It matures at different rates, and myelination - the formation of a fatty sheath around the projections of each neuron - occurs from back to front. The frontal lobe matures last, at 25-30 years of age. This is where overall thinking and judgment are located. A teenager can therefore not understand the consequences of an irreversible sex change treatment. It is my opinion that the irreversible measure of sterilization should not be carried out until the age of 25, and it is therefore appropriate to have the same age limit for gender reassignment treatment for gender dysphoria.

I swear under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Sven Román

Dr. Sven Román

19 May 2023

Sven Róman C.V.

**Work experience**

2015 03 -

Specialist doctor, sometimes also senior doctor  
Sven Román AB (limited company)

Work as a senior physician and psychiatrist consultant at BUP's outpatient care via a staffing agency:

March 2015 - June 2018, BUP Mora

August 2018 - June 2019, BUP Västervik

July - September 2019, BUP Skövde

Nov - Dec 2019, BUP Östersund

Nov - Dec 2018 and May - June 2019, PR Vård, paediatric clinic in Stockholm.

Feb - June 2020, BUP Örebro

June - Dec 2020, BUP Umeå

Jan 2021, BUP Avesta

Feb - June 2021, BUP Falun

Aug - Oct 2021, BUP Motala

Nov - Dec 2021, BUP Mora

Jan 2022, BUP Avesta

Feb - Sep 2022, BUP Mjölby (of which a few weeks Motala)

Oct - Dec 2022, BUP Umeå

Jan - Feb 2023 BUP Malmö, Psykiatripartners

April - June 2023, BUP Umeå

2012 12 - 2015 02

Senior physician

BUP clinic in Stockholm County Council, Unit for young people with psychosis/bipolar disorder.

Consultations based on referrals from primarily outpatient care (carried out more than 100

complete assessments) and usual outpatient work with patients enrolled in a county-wide specialized clinic.

2010 09 - 2012 10

Senior physician

BUP clinic in Stockholm County Council, Unit North

Usual duties as senior physician in BUP's inpatient care.

2010 05 - 2010 08

Acting chief physician

BUP clinic in Stockholm County Council, Unit for young people with psychosis/bipolar disorder and consultant psychiatrist Lövsta school home (locked institutional accommodation for children based on a decision by social services) och Högantorps skolhem

Usual duties as chief physician at the BUP clinic and consultant psychiatrist at two SiS institutions.

2006 11 - 2012 11

Trade union representative

BUP in Stockholm County

Trade union representative in SLSO's ( Stockholm County Healthcare Services)doctors' association Nov 2006 - autumn 2012

SACO (the Swedish Confederation of Professional Associations representative in Samverkan at the BUP division during the same period and at the BUP clinic from Aug 2010 - autumn 2012.

2004 03 - 2010 09

Resident doctor in child and adolescent psychiatry

Usual duties as a resident doctor in the above-mentioned speciality.

2002 09 - 2004 03

Internship doctor

S:t Görans Hospital, Stockholm

Normal duties as an intern physician.

2002 01 - 2002 08

Junior doctor with medical degree but without internship service

Children's Hospital, Huddinge Hospital

Normal junior doctor duties at a paediatric clinic.

2000 06 - 2001 07

Junior doctor at the end of his/her medical training, without a medical degree

Dalens Hospital, Stockholm

Ordinary junior doctors work in a geriatric ward during the summers of 2000 and 2001.

1997 06 - 1999 07

Assistant nurse

Danderyd Hospital

Ordinary assistant nurse work during summers and weekends 1997 - 1999

1984 06 - 1985 01

Health care assistant

Huddinge hospital and Danderyd hospital

Ordinary work as a health care assistant in the dialysis department and internal medicine department

### **Education and training**

2010 -

Specialist training: participation in BUP congresses, pharmacological training, international congresses (e.g. I was at AACAP, the world congress of the American Association of Child Psychiatrists, in San Diego in October 2014), etc. Every year I

participate in several congresses and "training courses", trying to have at least 10 such days/year.

2006 01 - 2008 09

Basic training in psychotherapy  
BUP, Region Stockholm

2004 03 - 2010 09

Specialist degree, child and adolescent psychiatry  
BUP, Region Stockholm

2002 09 - 2004 04

Medical licence  
Internship, S:t Görän's Hospital, Stockholm

2002 09 - 2002 09

Supervisor for leadership training  
Karolinska Institutet, Solna

1996 09 - 2002 01

Medical degree  
Karolinska Institutet, Solna

1989 01 - 1990 06

Music programme, folk high school (classical singing)  
S:t Sigfrid, Växjö  
1987 09 - 1988 12

Music programme, folk high school (classical singing)  
Kapellsberg Folk High School, Härnösand  
1986 09 - 1987 06

Musicology  
Stockholm university town  
1981 08 - 1984 06

Natural science upper secondary school  
Södra Latins gymnasium, Stockholm

## Articles

1. G. Berglund, G., Sturm, H., Raita, J. & Román, S. (2009) Förslag om en kvalitetssäkrad BUP-vård. *Läkartidningen*, 2009-06-04. ~~XXX~~ Title in English: Proposal on quality assurance in child and adolescent psychiatry. Link to the article: <https://lakartidningen.se/debatt-och-brev/2009/06/forslag-om-en-kvalitetssakrad-bup-varld/>
2. Kritik mot barnpsykiatrin missar målet. *Dagens Medicin*. June 30, 2010. Title in English: Criticism of child psychiatry misses the mark. Link to the article: <https://www.dagensmedicin.se/opinion/debatt/kritik-mot-barnpsykiatrin-missar-malet/>

3. Román, S. Tvångsåtgärder vanligare hos flickor och unga kvinnor. (2016). *Läkartidningen*. 2016/113:DYUH. Title in English: Coercive measures more common in girls and young women. Link to the article: <https://lakartidningen.se/opinion/debatt/2016/04/tvangsatgarder-vanligare-bland-flickor-och-unga-kvinnor/>
4. Dags att lägga ned de krisande landstingen? *Dagens Samhälle*. Feb 22, 2017. Title in English: Time to close down the struggling county councils? Link to the article: <https://www.dagenssamhalle.se/samhalle-och-valfard/sjukvard/dags-att-lagga-ned-de-krisande-landstingen/>
5. One of two main authors of an article with a total of 19 signatures. Många med psykisk ohälsa får inte rätt behandling. *Svenska Dagbladet*. June 21, 2017. Title in English: Many people with mental illness do not get the right treatment. Link to the article: <https://www.svd.se/a/rqPgm/manga-med-psykisk-ohalsa-far-inte-ratt-behandling>
6. Undermåliga adhd-utredningar hos barn- och ungdomspsykiatri. *Dagens Samhälle*. October 27, 2017. Title in English: Substandard adhd investigations in child and adolescent psychiatry. Link to the article: <https://www.dagenssamhalle.se/samhalle-och-valfard/sjukvard/undermaliga-adhd-utredningar-hos-bup/>
7. One of 34 signatures. Nätläkare orsakar ohejdbar kostnadsökning. *Svenska Dagbladet*. Feb 21, 2018. Title in English: Online doctors cause unprecedented cost increases. Link to the article: <https://www.svd.se/a/ngv7Gn/natlakare-orsakar-ohejdbar-kostnadsokning>
8. One of 30 signatures. Risk att suicidala ges dödshjälp med ny modell. *Svenska Dagbladet*. Feb 22, 2018. Title in English: Suicidal people at risk of euthanasia under new model. Link to the article: <https://www.svd.se/a/kaQ0Ev/risk-att-suicidala-ges-dodshjalp-med-ny-modell>
9. Stora problem med dödshjälp – men de rapporteras inte. *Dagens Samhälle*. Feb 21, 2018. Title in English: Major problems with euthanasia - but not reported. Link to the article: <https://www.dagenssamhalle.se/samhalle-och-valfard/sjukvard/stora-problem-med-dodshjalp--men-de-rapporteras-inte/>
10. Exemplet Nederländerna visar att dödshjälp innebär att vi hamnar på ett sluttande plan. *Dagens Nyheter*. June 17, 2018. Title in English: The example of the Netherlands shows that euthanasia is a slippery slope. Link to the article: <https://www.dn.se/asikt/exemplet-nederlanderna-visar-att-dodshjalp-innebar-att-vi-hamnar-pa-ett-sluttande-plan/>
11. Införande av dödshjälp vore att gå i skandalläkaren Macchiarinis fotspår. *Dagens Nyheter*. Aug 14, 2018. Title in English: Introducing euthanasia would follow in the footsteps of scandalous doctor Macchiarini. Link to the article: <https://www.dn.se/asikt/inforande-av-dodshjalp-vore-att-ga-i-skandallakaren-macchiarinis-fotspar/>
12. Skolan bär ett tungt ansvar för adhd-diagnoserna. *Dagens Samhälle*. April 1, 2019. Title in English: Schools bear a heavy responsibility for ADHD diagnoses. Link to the article: <https://www.dagenssamhalle.se/opinion/debatt/skolan-bar-ett-tungt-ansvar-for-adhd-diagnoserna/>
13. Aktiv dödshjälp kan aldrig bli säker. *Dagens Nyheter*. April 8, 2019. Title in English: Active euthanasia can never be safe. Link to the article: <https://www.dn.se/asikt/aktiv-dodshjalp-kan-aldrig-bli-saker/>



14. Förbättrad vård viktigare än dödshjälp. *Dagens Nyheter*. April 9, 2019. Title in English: Improved care more important than euthanasia. Link to the article: <https://www.dn.se/asikt/forbatttrad-var-d-viktigare-an-dodshjalp/>
15. Together with a co-author. Rätten till sin död blir lätt en plikt att dö. *Dagens Medicin*. Juli 25, 2019. Title in English: The right to die easily becomes a duty to die. Link to the article: <https://www.dagensmedicin.se/opinion/debatt/ratten-till-sin-dod-blir-latt-en-plikt-att-do/>
16. Together with a co-author. Dödshjälp prioriteras framför andra alternativ. *Dagens Medicin*. Aug 7, 2019. Title in English: Euthanasia prioritized over other options. Link to the article: <https://www.dagensmedicin.se/opinion/debatt/dodshjalp-prioriteras-framfor-andra-alternativ/>
17. Together with a co-author. Dödshjälp har aldrig kunnat begränsas. *Dagens Medicin*. Aug 13, 2019. Title in English: Euthanasia has never been restricted. Link to the article: <https://www.dagensmedicin.se/opinion/debatt/dodshjalp-har-aldrig-kunnat-begransas/>
18. One of 8 signatures. Erfarenhet och forskning talar emot dödshjälp. *Dagens Medicin*. Aug 14, 2019. Title in English: Experience and research against euthanasia. Link to the article: <https://www.dagensmedicin.se/opinion/debatt/erfarenhet-och-forskning-talar-emot-dodshjalp/>
19. Könsdysfori sprids som en epidemi på nätet. *Dagens Nyheter*. Sep, 13, 2019. Title in English: Gender dysphoria spreads like an epidemic online. Link to the article: <https://www.dn.se/asikt/konsdysfori-sprids-som-en-epidemi-pa-natet/>  
Link to an English version of the article: <https://www.ihmistenkirjo.net/blog/psychiatrist-gender-dysphoria-spreads-like-an-epidemic-online>
20. Stoppa omedelbart all behandling av könsdysfori för barn och unga vuxna. *Dagens Medicin*. Oct 8, 2019. Title in English: Immediately stop all treatment of gender dysphoria for children and young adults. Link to the article: <https://www.dagensmedicin.se/opinion/debatt/stoppa-omedelbart-all-behandling-av-konsdysfori-for-barn-och-unga-vuxna/>
21. Svens, K. & Román, S. (2019). Off label-förskrivning av hormoner vid könsdysfori bör utredas. *Läkartidningen*. 2019,116:FTYW. Title in English: Off-label prescribing of hormones for gender dysphoria should be investigated. Link to the article: <https://lakartidningen.se/opinion/debatt/2019/10/allvarliga-risker-med-langvarig-konskontrar-hormonbehandling/> Link to an English version of the article: <https://www.ihmistenkirjo.net/blog/lkartidningen-off-label-prescribing-of-hormones-in-gender-dysphoria-should-be-investigated>
22. One of 8 signatures. Utredare förvanskar om könsdysfori. *Svenska Dagbladet*. Oct 22, 2019. Title in English: Investigator misrepresents gender dysphoria. Link to the article: <https://www.svd.se/a/K3kxR7/utredare-forvanskar-om-konsdysfori>
23. One of 8 signatures. Allvarliga invändningar förblir obesvarade. *Svenska Dagbladet*. Oct 22, 2019. Title in English: Serious concerns remain unanswered. Link to the article: <https://www.svd.se/a/3J7Wzv/allvarliga-invandningar-forblir-obesvarade>
24. One of 19 signatures. Allvarliga invändningar förblir obesvarade. *Svenska Dagbladet*. Nov 12, 2019. Title in English: Adults also have the right to safe

treatment for gender dysphoria. Link to the article:

<https://www.svd.se/a/AdBM7x/aven-vuxna-har-ratt-till-saker-var-d-konsdysfori>

25. One of two main authors of an article with a total of 16 signatures. Dödshjälp är det ultimata sättet att spara resurser. *Dagens Samhälle*. Nov 27, 2019. Title in English: Euthanasia is the ultimate way to save resources. Link to the article: <https://www.dagenssamhalle.se/opinion/debatt/dodshjalp-ar-det-ultimata-sattet-att-spara-resurser/>
26. Du vill kväsa debatten om antidepressiva. *Aftonbladet*. Jan 29, 2020. Title in English: You want to stifle the debate on antidepressants. Link to the article: <https://www.aftonbladet.se/debatt/a/LAqB14/du-vill-kvasa-debatten-om-antidepressiva>
27. Staten måste utreda hur skandalen med de apatiska barnen kunde ske. *Göteborgs-Posten*. Feb 13, 2020. Title in English: State must investigate how the apathetic children scandal happened. Link to the article: <https://www.gp.se/debatt/staten-maste-utreda-hur-skandalen-med-de-apatiska-barnen-kunde-ske-1.23849279>
28. One of 10 signatures. Forsvarlig behandlingstilbud til barn og unge med kjønnsdysfori?. *Dagens Medisin, Norway*. Feb 19, 2020. Title in English: Appropriate treatment for children and young people with gender dysphoria? Link to the article: <https://www.dagensmedisin.no/debatt-og-kronikk/forsvarlig-behandlingstilbud-til-barn-og-unge-med-kjonnsdysfori/361774>
29. Min slutsats om de apatiska barnen står på stadig grund. *Göteborgs-Posten*, Feb 28, 2020. Title in English: My conclusion on apathetic children is firmly grounded. Link to the article: <https://www.gp.se/debatt/min-slutsats-om-de-apatiska-barnen-star-pa-stadig-grund-1.24657443>
30. Malone, W & Román, S. (2020). Letters to the Editor. Calling Into Question Whether Gender-Affirming Surgery Relieves Psychological Distress. *The American Journal of Psychiatry*. 177(8), 766-767. Link to the article: <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.19111149>
31. One of 26 signatures. Avgörande kunskap saknas kring dödshjälp. *Svenska Dagbladet*. Oct 31, 2020. Title in English: Crucial knowledge missing on euthanasia. Link to the article: <https://www.svd.se/a/6zzWk8/avgorande-kunskap-saknas-kring-dodshjalp>
32. One of 19 signatures. Frågor om dödshjälp lämnas obesvarade. *Svenska Dagbladet*. Nov 9, 2020. Title in English: Questions on euthanasia left unanswered. Link to the article: <https://www.svd.se/a/1BBlxq/fragor-om-dodshjalp-lamnas-obesvarade>

#### **Lectures and hearings for Members of Parliament in the Parliament building**

1. Könsdysfori ur ett psykiatriskt och medicinskt perspektiv. Sveriges största medicinska skandal i modern tid? October 16, 2019. Title in English: Gender dysphoria from a psychiatric and medical perspective. Sweden's biggest medical scandal in modern times?
2. Varför dödshjälp inte bör tillåtas. November 28, 2019. Title in English: Why euthanasia should not be allowed.
3. Dødshjelp i Norden? Etikk, klinikk og politikk. November 18, 2020. Title in English: Presentation of the Oregon model and the chapter Psychiatry and euthanasia authored by Sven Román from the Nordic anthology Dødshjelp i Norden? Ethics, clinics and politics.



4. Irreversibel skada eller evidensbaserad. September 16, 2021. Title in English: Irreversible damage or evidence-based treatment? (On gender dysphoria treatment for children and young adults.)
5. Livshjälp. December 7, 2022. Title in English: Life support (about euthanasia).
6. Hearing with MEPs on the treatment of children and young adults with gender dysphoria and in particular on the proposed law to change legal gender from the age of 16. March 7, 2023.

#### **Other media appearances**

1. Swedish public television, local news for Stockholm: 50 läkare saknas inom barnpsykiatri (50 doctors are missing in child psychiatry). April 2, 2008.
2. Swedish public television, the documentary program Dokumentär Inifrån (Documents from Within): Vem kan hjälpa mitt barn? (Who can help my child?) November 12, 2015.
3. Special Nest online magazine: Överläkare fördjupar kritik mot BUP:s metoder (Consultant physician deepens criticism of BUP's methods). December 14, 2015. Link to the article: <https://www.specialnest.se/landsting/overlakare-fordjupar-kritik-mot-bups-metoder>
4. Swedish public service radio, Kropp & själ (Body & Soul): Hur mår psykiatri? (How is psychiatry doing. Nov 1, 2016. Link to the program: <https://sverigesradio.se/avsnitt/800449>
5. Evening newspaper Aftonbladet: Hemliga läkare fick 13 miljoner av läkemedelsindustrin (Secret doctors received 13 million from the pharmaceutical industry). March 22, 2017. Link to the article: <https://www.aftonbladet.se/nyheter/a/vJn5m/hemliga-lakare-fick-13miljoner-av-lakemedelsindustrin>
6. Daily newspaper Dagens Nyheter: Psykiater larmar om felaktiga diagnoser på barn (Psychiatrist raises alarm over misdiagnosis of children). Oct 21, 2017. Link to the article: <https://www.dn.se/nyheter/sverige/psykiater-larmar-om-felaktiga-diagnoser-pa-barn/>
7. Focus magazine: Få tillförlitliga studier som visar på effekten av medicinerna (Few reliable studies on the effectiveness of drugs (on ADHD drugs)). Oct 30, 2017. Link to the article: <https://www.fokus.se/inrikes/fa-tillforlitliga-studier-som-visar-pa-effekten-av-medicinerna/>
8. Swedish public service radio: Barnpsykiater: För många får diagnoser (Child psychiatrist: Too many people get diagnosed!). June 7, 2018. Link to the program: <https://sverigesradio.se/artikel/6967615>
9. The daily Newspaper Sydsvenskan and Norra Skåne: Ledare: Vem bestämmer över din död? (Editorial: Who decides on your death?). April 10, 2019. Link to the article: <https://www.nsk.se/ledare/vem-bestammer-over-din-dod/>
10. The medical trade union magazine 'Sjukhusläkaren': Dödshjälp: Den känsliga frågan (Euthanasia: The sensitive issue). June 3, 2019. Link to the article: <https://www.sjukhuslakaren.se/dodshjalp-den-kansliga-fragan/>
11. Editorial: Farligt rättighetstänkande bakom tonåringars "könskorrigeringar" (Dangerous rights-based thinking behind teenagers' 'gender reassignment'). Aug 27, 2019. Link to the article: <https://www.dn.se/ledare/hanne-kjoller-farligt-rattighetstankande-bakom-tonaringars-konskorrigeringar/>

12. Filter magazine: Ohörda rop (Unheard cries, on so-called apathetic children seeking asylum). Sep 23, 2019. Linc to the article:  
<https://magasinetfilter.se/granskning/apatiska-barn-ohorda-rop/>
13. Swedish public service radio, Studio Ett: "Jag var så himla rädd" ("I was so scared"). Sep 25, 2019. Linc to the program:  
<https://sverigesradio.se/artikel/7306372>
14. TV channel TV4, Malou after ten: Vi i vården har bidragit till grav barnmisshandel i 5 års tid (We in healthcare have contributed to serious child abuse for 15 years). Oct 1, 2019. Linc to the program:  
<https://www.tv4.se/klipp/va/12502429/vi-i-varden-har-bidragit-till-grav-barnmisshandel-under-15-ars-tid>
15. News in TT that all media forwarded, including Läkartidningen: Läkare vill att råd om apatiska barn ses över (Doctors want advice on apathetic children to be reviewed). Oct 7, 2019. Linc to the article:  
<https://lakartidningen.se/aktuellt/nyheter/2019/10/lakare-vill-att-rad-om-apatiska-barn-ses-over/>
16. Daily newspaper Svenska Dagbladet editorial podcast: Könsdysfori och undflyende politiker (Gender dysphoria and elusive politicians?). Oct 9, 2019. Linc to the program: <https://www.svd.se/a/kJ1mkX/konsdysfori-och-undflyende-politiker>
17. Article and feature in web TV for the Christian newspaper Dagen: Överläkare Sven Román: Behandlingar av könsdysfori är en epidemi (Consultant Sven Román: Treatment of gender dysphoria is an epidemic). Oct 18, 2019. Link to the article and TV report:  
<https://www.dagen.se/nyheter/2019/10/18/overlakare-sven-roman-behandlingar-av-konsdysfori-ar-en-epidemi/>
18. Political podcast God Ton: Överläkare Sven Román om könsdysfori och apatiska flyktingbarn (Consultant Sven Román on gender dysphoria and apathetic refugee children). Oct 25, 2019. Linc to the program:  
<https://poddtoppen.se/podcast/1372019059/god-ton/60-overlakare-sven-roman-om-konsbyten-och-apatiska-flyktingbarn>
19. Swedish public service radio, educational radio, "Ministry of Education": Skolan och adhd-diagnoserna (Schools and ADHD diagnoses). Nov 8, 2019. Linc to the program: <https://urplay.se/program/212743-skolministeriet-skolan-och-adhd-diagnoserna>
20. Danish public service TV DR1 on the so-called apathetic asylum-seeking children, the program 21 Sunday. Nov 24, 2019.
21. Finnish public service broadcaster YLE: Slaget efter tolv - dagens debatt: Unga med könsdysfori (The battle after twelve - today's debate: Young people with gender dysphoria). Dec 9, 2019. Linc to the program:  
<https://arenan.yle.fi/poddar/1-50351504>
22. Daily newspaper Svenska Dagbladet editorial podcast: "Life Overtakes Me" – apatiska flyktingbarn på bio ("Life Overtakes Me" - apathetic refugee children at the cinema). Feb 6, 2020. Linc to the program:  
<https://www.svd.se/a/g7O5Jk/life-overtakes-me-apatiska-flyktingbarn-pa-bio>
23. Swedish public service radio: Barnpsykiatriker: "De har utrett på löpande band" (Child psychiatrist: "They have been investigating on an assembly line"). Feb 19, 2020. Linc to the programme:  
<https://sverigesradio.se/artikel/barnpsykiatriker-de-har-utrett-pa-lopande-band>

24. Swedish public service radio, the investigative program Kaliber: Barnen och diagnoserna (The children and the diagnoses). May 11, 2020. Link to the program: <https://sverigesradio.se/avsnitt/1495660>
25. Report in the French newspaper Le Figaro: Face à la vague des transgenres, la Suède commence à douter (Faced with the transgender wave, Sweden is beginning to have doubts). June 14, 2021. Link to the article: <https://www.lefigaro.fr/international/face-a-la-vague-des-transgenres-la-suede-commence-a-douter-20210614>
26. On Sunday, May 21 2023 at 21:00, French TV channel M6 will broadcast a documentary on children and young adults with gender dysphoria, including a segment from Sven Román's lecture in the Swedish Parliament building on September 16, 2021.

#### **Medical involvement**

1. Since 2018 member of the Network against inappropriate governance of health care.
2. Since 2018 member of Nordic network against euthanasia.
3. Founded 2019 a Nordic network critical of the treatment of children and young adults with gender dysphoria.
4. Since 2019 member of a network that aims to help patients reduce or stop taking psychotropic drugs
5. Since 2020, I belong to the Advisory Board of SEGM, Society for Evidence Based Gender Medicine.
6. Since 2020, I have been a board member of GENID, Gender Identity Challenge Sweden, a network of parents, relatives and healthcare professionals who work to ensure that the care of children and young people with gender dysphoria is based on openness, caution and science.